·	197 .
ARIZONA STATE I	BOARD OF HEALTH State File No
PLACE OF BIRTH BUREAU OF V	ITAL STATISTICS Registered No.
91.0 STANDARD CERT	IFICATE OF BIRTH
ounty Wa	State aryona
strict or Township	or Village Ols. 4/1 Oricks Canon
"Miami » Lo	rdon St st. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Full name of child John Jussell	If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event di plural births. 4. Twin, triplet or oth	of birth Tel- 22-1930.
FATHER	14. MOTHER
1 name Russell aubrey Johnston	Full maiden name Wattil Suite
Residence (Usual place of abode) Wami	15. Residence (Usual place of abode) Muami,
f ron-resident, give place and state. Wilson	If non-resident, give place and state. Wyona.
Color or race	16. Color or race
- Cauc. 11. Age at last birthda (Years)	(lanc. 17. Age at last birthday 2.6. (Years)
Birthplace (city or place) Ulnly	18. Birthplace (city or place). Window,
(State or country)	(State or country) Zevas
Occupation Engineer	19. Occupation
	Nature of Industry
ature of Industry Miami Copper Co.	D'ouseurle :
	ve but now dead
	ye but now dead.
	NG PHYSICIAN OR MIDWIFE
eby certify that I attended the birth of this child, who was 170 at at m. on the date above stated (Born alive or stillborn)	
When there was no attending physician nidwife, then the father, householder, should make this return. A stillborn	
is one that neither breathes nor so ther evidence of life after birth.	
name added from olement report Address Mann Unisong.	
Month, day, year	2/1/32 / 2 %
Registrar. Filed	RA Ystrar.
116-nnn-4nc	